| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | *U. U* | | 2 - 5 - 01 |
| O.I.P.E. CLASSIFIER | | *LS* | *35 91* |
| FORMALITY REVIEW | *MTO* | *OM* | 4/24/01 |
| RESPONSE FORMALITY REVIEW | *UL* | *712* | 07-13-01 |
| | | | |

## INDEX OF CLAIMS

| | | |
|---|---|---|
| ✔ | ..................................... Rejected | N ................................. Non-elected |
| = | ..................................... Allowed | I .................................... Interference |
| — | (Through numeral)... Canceled | A .................................. Appeal |
| ÷ | ..................................... Restricted | 0 .................................. Objected |



If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)